

# LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE TRANSPORTER ANNUAL REPORT FORMS

## **Item I - Transporter Name**

Place the same name that appears on your Virginia Hazardous Waste Transporter Permit.

**Note:** *If the company's name, corporate structure, or EPA ID Number changes, a new hazardous waste transporter permit application needs to be submitted within 30 days of such change. Also, the appropriate permit application fee should accompany the application, as well as the appropriate financial documents.*

## **Item II – Date**

Place the date the annual report was completed. (Example: MM/DD/YY)

## **Item III – Address**

We would prefer the company's physical address on the report. Also, if you have a mailing address, please note it on the annual report.

## **Item IV – Virginia Permit Number**

Place the Virginia Hazardous Waste Transporter Permit (Permit) on this line. The DEQ used your EPA ID Number to issue your Permit.

## **Item V – Phone Number**

Place the telephone number of the company.

## **Item VI – Reporting Year**

Place the calendar year you are submitting your transportation activity. (Example: 2002)

## **Item VII – Hazardous Waste Originating in Virginia was transported**

- If you transported hazardous waste, which originated in Virginia, check the **yes** box. If yes, please complete one of the following forms:

**Shipments within the Commonwealth**, please only complete DEQ Form 7.2-2;

**Shipments from the Commonwealth to Other States**, please complete DEQ Form 7.2-3;

**Shipments into the Commonwealth**, please complete DEQ Form 7.2-4;

**Shipments to Foreign Facilities,** please complete DEQ Form 7.2-5; and

- If you did not transport hazardous waste, which originated in Virginia, only check the **no** box.

**Item VIII – Please list Name and Address of Designated Official in Firm who can be contacted on Hazardous waste Transporter Matters (if other than reporting official)**

**Name**

Place the name of the person who can be contacted on hazardous waste transporter matters.

**Title**

The contact person's title

**Address**

We would prefer to have the physical address of the contact person. We will accept post office box numbers.

**Phone Number**

Place the telephone number where the contact person can be reached.

**Signature of Reporting Official**

The signature could be of the contact person or any officer of the company who has authority to sign.

**Title**

The title of the Reporting Official

**Date**

The date the annual report form was completed.

**Item IX – Intra-Commonwealth Shipments (DEQ Form 7.2-2), Shipments to Other States (DEQ Form 7.2-3), Shipments into the Commonwealth (DEQ Form 7.2-4), and Shipments to Foreign Facilities (DEQ Form 7.2-5)**

**1. Transporter Name**

Place the same name that appears on your Virginia Hazardous Waste Transporter Permit.

**2. Date**

Place the date the annual report form was completed. (Example: MM/DD/YY)

**3. Address**

We would prefer a physical address of the company.

**4. EPA ID Number**

Place the EPA ID Number you received from the U.S. EPA or DEQ.

**5. Virginia Transporter Permit Number**

Place the Virginia Hazardous Waste Transporter Permit (Permit) on this line. The DEQ used your EPA ID Number to issue your Permit.

**6. Phone Number**

Place the telephone number of the company.

**7. Reporting Year**

Place the year your are submitting your transportation activity. (Example: 2002)

**8. Reported by**

Place the name of the person who completed the annual report. Also, that person can be the reporting official, principal contact person, or an officer of the company

**9. Title**

The title of the person who completed the form.

**10. Report Hazardous Waste Transportation Activities**

**a. Date of Receipt of Shipment**

This is the date the transporter accepted the shipment of hazardous waste from the generator.

**b. Generator ID Number**

The EPA ID Number of the generator received from U.S. EPA or from DEQ.

**c. Facility ID (or Secondary Transporter) Number**

The EPA ID Number of the Treater, Storer, or Disposal (TSD) or Recycling Facility, or the Second Transporter who received the shipment from the First Transporter.

**d. Date Released to Facility (or Secondary Transporter)**

The date the First Transporter released to the TSD or Recycling Facility or the date the First Transporter released the shipment to the Secondary Transporter.

**e. Manifest Number**

The unique number that is assigned to each manifest.

**Please send the completed transporter annual report to:**

**Department of Environmental Quality  
Attn: Angela Alonso  
Office of Waste Permitting and Compliance  
629 E. Main Street  
Richmond, Virginia 23219**

**Note: If any information listed on the form change, please notify DEQ as soon as possible.**